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CONFIRMATION NO. 6583

<b>SERIAL NUMBER</b> 10/088,047	<b>FILING OR 371(c) DATE</b> 07/11/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> GRON-3402
<b>APPLICANTS</b> Ivar Mendez, Nova Scotia, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA00/00614 05/26/2000 <i>CSN.</i>				
<b>** FOREIGN APPLICATIONS *****</b> CANADA 2282007 09/09/1999 <i>CSN.</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Charles S. Wilkins</i> <i>CSN.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 37
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 5409				
<b>TITLE</b> Neural trasplantation delivery system				
<b>FILING FEE RECEIVED</b> 749	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	